ENCOLISH TRANSlation

PATENT APPLICATION FEE DETERMINATION RECORD

| Applicati | on i | or | Docke | et Nur | nber |
|------------|------|----|-------|--------|------|
| <i>-</i> . | | , | 1 | | |

| Effective December 29, 1999 | | | | | | | | | 09/ 654805 | | | | | |
|--|----------------------------|-----------------|------------------------------------|--------------|----------|--|------------------|------|----------------|------------------------|------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | ALL /PE | ENTITY | OR | OTHER SMALL I | | |
| FOR NUMBER FILED NUMBER EXTRA | | | | EXTRA | R/ | TE | FEE |] [| RATE | FEE | | | | |
| BASIC FEE | | | | | | | | | | 345.00 | OR | | 690.00 | |
| TOTAL CLAIMS / mi | | | | | 20= - | | | X | 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS minus 3 = * | | | | | | | X | 39= | | OR | X78= | - | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | | OR | TOTAL | (040) | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | • | OTHER | | |
| | | | umn 1) AIMS | | | olumn 2) IGHEST | (Column 3) | SM | ALL | ENTITY | OR | SMALL | | |
| ENT A | | REM Af | AINING TER IDMENT | | N PRI | IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RA | yÉ. | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | . / | 7 | Minus | ** (| 20 | = | X\$ | 9= | | OR | X\$18= | | |
| AME | Independent | * | 2 | Minus | *** | 3 | = | X | 39= | | OR | X78= | | |
| | FIRST PRESE | NIAIIC | ON OF MI | JETIPLE DEF | END | ENT CLAIN | | +1 | 30= | | QR | +260= | | |
| | | | | | | | | | OTAL | | OÀ | TOTAL ADDIT, FEE | | |
| | | (Col | umn 1) | | (C | olumn 2) | (Column 3) | AUUI | | | • | | · · · · · · | |
| ENT B | 6 6 1 | CL REM Al | AIMS IAINING FTER NDMENT | | PR | IIGHEST IUMBER EVIOUSLY AID FOB | PRESENT EXTRA | R/ | ATE · | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MENDMENT | Total | · C | | Minus | ** | 20 | = 0 | X | i 9= | 1 | OR | X\$18= | 0 | |
| AME | Independent FIRST PRESE | * | NI DE M | Minus | *** | ENT CLAIN | 1= 0 | X | 39= | | OR | X78= | A | |
| | THOTTHESE | | 51 1 01 101 | OCTIT EE DEI | LIND | LIVI OLAII | | +1 | 30= | | OR | +260= | 0 | |
| | | | | | | | | | OTAL T. FEE | | OR | TOTAL ADDIT. FEE | 1 | |
| | | (Col | umn 1) | | (C | olumn 2) | (Column 3) | • | | • | | | ¥ | |
| AMENDMENT C | | REM Al | AIMS IAINING FTER NDMEN!T | | PR | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | R/ | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | - | Minus | ** | | = | X | 9= | | OR | X\$18= | | |
| 4ME | Independent | • | | Minus | *** | | = | X | 89= | | OR | X78= | | |
| F | FIRST PRESE | NTATIO | ON OF M | ULTIPLE DEF | PEND | ENT CLAIN | 1 | J | 20 | | | .000 | <u> </u> | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | +260= TOTAL | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | L | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.